

*DATE REFERRED BY
REGULAR EDUCATION:

*DATE RECEIVED BY
SPECIAL EDUCATION:

Robertson County Schools

CASE manager (office use only):

RE-EVALUATION FOR SPECIAL SERVICES Information from Educational Records

STUDENT INFORMATION

Name:	DOB:	Local ID#:
UID#:	<input type="checkbox"/> Male <input type="checkbox"/> Female	School:
Grade:		
Parent:		
Mailing Address:	Zip:	
Parent's Place of Employment:		
Home Phone:	Work Phone:	
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	Email address:
Race:	<input type="checkbox"/> American Indian/American Native <input type="checkbox"/> Asian	
	<input type="checkbox"/> Black/African American <input type="checkbox"/> Non-Hispanic Pacific Islander	<input type="checkbox"/> White

Re-evaluation by: _____ Position: _____

REASON:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Is this student currently enrolled in school?
If no, explain: _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | Has this student been referred for special education services before? If yes, give previous referral date: _____ |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | Has this student been retained? If YES, list grade level(s): _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO | Has this student been suspended for disciplinary reasons during the current school year? If yes, explain: _____ |

HOME LANGUAGE SURVEY

Date: _____ Results: _____

Other language test: _____ Date: _____

For a student identified as limited English proficient, briefly describe the Language Proficiency Assessment Committee's recommendations:

Interpreter Needed: YES NO

ATTENDANCE

This student has been absent _____ days out of _____ school days this year to date.

Reasons:

Compared to last year, this year this student has been absent: MORE LESS ABOUT THE SAME

List all schools previously attended:

Current Grades

SUBJECT	GRADE	ON GRADE LEVEL		SUBJECT	GRADE	ON GRADE LEVEL	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<input type="checkbox"/> YES	<input type="checkbox"/> NO			<input type="checkbox"/> YES	<input type="checkbox"/> NO

This student's grades:

- have become higher each year.
- have stayed about the same each year.
- have become lower each year.
- dropped suddenly in grade _____.
- data not available.

Compared with most of the other students in this school, this student's grades:

- are better.
- are about the same.
- are worse.
- data not available.

ACHIEVEMENT DATA

List student's most recent achievement or ability test data, using Grade Level Equivalent (GLE) scores or percentile ranks (%).

DATE	NAME OF TEST	SUBJECT AREA	SCORE	
			GLE	%

This student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- dropped suddenly in grade _____.
- data not available.

Compared to the mean of the district, this student's test scores:

- have become better each year.
- have stayed about the same each year.
- have become worse each year.
- district mean not available.

State of Texas Assessments of Academic Readiness (STAAR)

YES NO Copy of student's report is attached. Date: _____

SUBJECT	TOTAL TEST MASTERY (YES/NO)	SCALED SCORE
Mathematics		
Reading		
Writing		

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

RE-EVALUATION FOR SPECIAL SERVICES

Information from Classroom Teacher

NAME: _____	DOB: _____
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Attach samples of student's work.

What instructional concerns do you have about this student?

- | | |
|--|--|
| <input type="checkbox"/> poor progress acquiring basic reading skills
<input type="checkbox"/> poor progress acquiring basic math skills
<input type="checkbox"/> difficulty in spelling | <input type="checkbox"/> difficulty producing written work
<input type="checkbox"/> few appropriate cognitive learning strategies
<input type="checkbox"/> other: _____
<input type="checkbox"/> none |
|--|--|

What behavioral concerns do you have about this student?

- | | |
|---|---|
| <input type="checkbox"/> poor attention and concentration
<input type="checkbox"/> noncompliance with teacher directives
<input type="checkbox"/> excessively high/low activity level
<input type="checkbox"/> difficulty following directions
<input type="checkbox"/> easily frustrated | <input type="checkbox"/> extreme mood swings
<input type="checkbox"/> difficulty working with peers
<input type="checkbox"/> difficulty staying on task
<input type="checkbox"/> other: _____
<input type="checkbox"/> none |
|---|---|

RATE STUDENT'S BEHAVIOR IN EACH OF THE FOLLOWING AREAS:

Circle one: 1=POOR 2=BELOW AVERAGE 3=AVERAGE 4=ABOVE AVERAGE 5=SUPERIOR N=NOT OBSERVED
 For Sections A, B, C, and D: Rate student's behavior in relation to other students of the same AGE.

A. Receptive Language Skills

	English					Other: _____						
1. Comprehends word meanings	1	2	3	4	5	N	1	2	3	4	5	N
2. Follows oral instructions	1	2	3	4	5	N	1	2	3	4	5	N
3. Comprehends classroom discussion	1	2	3	4	5	N	1	2	3	4	5	N
4. Remembers information just heard	1	2	3	4	5	N	1	2	3	4	5	N

B. Expressive Language Skills

1. Displays adequate vocabulary	1	2	3	4	5	N	1	2	3	4	5	N
2. Uses adequate grammar for general understanding	1	2	3	4	5	N	1	2	3	4	5	N
3. Expresses self fluently when called upon to speak	1	2	3	4	5	N	1	2	3	4	5	N
4. Relates a sequence of events in order (telling a story)	1	2	3	4	5	N	1	2	3	4	5	N
5. Organizes and relates ideas and factual information	1	2	3	4	5	N	1	2	3	4	5	N

C. Emotional/Behavioral/Social

1. Generally cooperates or complies with teacher requests	1	2	3	4	5	N
2. Adapts to new situations without getting upset	1	2	3	4	5	N
3. Accepts responsibility for own actions	1	2	3	4	5	N
4. Makes and keeps friends at school	1	2	3	4	5	N
5. Works cooperatively with others	1	2	3	4	5	N
6. Has an even, usually happy, disposition	1	2	3	4	5	N
7. Is pleased with good work	1	2	3	4	5	N
8. Initiates activities independently	1	2	3	4	5	N
9. Responds appropriately to praise and correction	1	2	3	4	5	N
10. Resists becoming discouraged by difficulties or minor setbacks	1	2	3	4	5	N

D. Motor Coordination

1. Exhibits adequate gross motor coordination (walking, running, etc.)	1	2	3	4	5	N
2. Displays adequate fine motor coordination (writing, drawing, manipulation of equipment, etc.)	1	2	3	4	5	N

E. Academic Characteristics--Compared to students on same GRADE LEVEL.

1. Reads aloud material (estimated grade level:_____)	1	2	3	4	5	N
2. Comprehends material read (estimated grade level:_____)	1	2	3	4	5	N
3. Performs math computations at expected proficiency (estimated grade level:_____)	1	2	3	4	5	N
4. Spells material adequately (estimated grade level:_____)	1	2	3	4	5	N
5. Writes legibly (estimated grade level:_____)	1	2	3	4	5	N
6. Retains instruction from week to week	1	2	3	4	5	N
7. Exhibits organization in accomplishing tasks	1	2	3	4	5	N
8. Completes tasks on time	1	2	3	4	5	N

Student services and special programs provided or considered in response to student's problem(s):

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Counseling			
<input type="checkbox"/> School health services			
<input type="checkbox"/> Title 1/Part A (Must be provided or considered for students before referral.)			
<input type="checkbox"/> Bilingual program			
<input type="checkbox"/> English as a second language strategies			
<input type="checkbox"/> Local remedial program (specify)			
<input type="checkbox"/> RTI (specify Tier I, Tier II)			
<input type="checkbox"/> Others (specify)			

Instructional accommodations/modifications attempted in response to student's problem(s) include:

	HOW LONG?	CURRENTLY?	RESULTS
<input type="checkbox"/> Individual tutoring			
<input type="checkbox"/> Alternate materials			
<input type="checkbox"/> Ability grouping			
<input type="checkbox"/> Changed seat			
<input type="checkbox"/> Small group instruction			
<input type="checkbox"/> Behavior management			
<input type="checkbox"/> Grading on basis of individual growth			
<input type="checkbox"/> Oral tests			
<input type="checkbox"/> Peer tutoring			
<input type="checkbox"/> Modified or shortened assignments			
<input type="checkbox"/> Extra time for completion of work			
<input type="checkbox"/> Taping written materials			
<input type="checkbox"/> Spell checkers			
<input type="checkbox"/> Calculators			
<input type="checkbox"/> Taped textbooks			
<input type="checkbox"/> Others (specify)			
<input type="checkbox"/> English as a second language strategies			
<input type="checkbox"/> Hands on activities			

YES NO Does this student exhibit any behaviors in the classroom which might indicate vision or hearing problems? If YES, cite specific observations:

YES NO Does this student exhibit any signs of a health or medical problem in the classroom? If YES, cite specific observations:

What type of assistance which cannot be provided in the regular classroom do you feel this student needs?

RE-EVALUATION FOR SPECIAL SERVICES

Health Information

NAME: _____	DOB: _____
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VISION

Date of most recent screening: _____ Type of screening: _____

Name and position of person conducting screening: _____

Results: _____

As a result of the screening, is there any indication of a need for further assessment or adjustment?

YES NO

If YES, explain:

Has any follow-up treatment been recommended? If YES, explain:

YES NO

HEARING

Date of most recent screening: _____ Type of screening: _____

Name and position of person conducting screening: _____

Results: _____

As a result of the screening, is there any indication of a need for further assessment or adjustment?

YES NO

If YES, explain:

Has any follow-up treatment been recommended? If YES, explain:

YES NO

HEALTH

Does student exhibit any signs of health or medical problems? If YES, cite observations:

YES NO

Is there a need for further assessment or referral of a medical problem? If YES, explain:

YES NO

Is student receiving any medication at school? If YES, specify:

YES NO

Does this student require adaptive equipment or facility adaptation? If YES, specify:

YES NO

SIGNATURE OF PERSON COMPLETING THIS SECTION

POSITION

DATE

ROBERTSON COUNTY SPECIAL SERVICES

Assessment of Learning Competencies – Stage II

Student: _____ Grade: _____ Campus: _____

DOB: _____ Age: _____ Date of Evaluation: _____

Reason for Assessment of Learning Competencies:

____ New Referral ____ Re-evaluation Appears to meet eligibility criteria as: _____

Sources of Data Used to Assess Learning Competencies:

____ Woodcock-Johnson Psycho-Educational Battery: Tests of Achievement

____ Woodcock Language Proficiency Battery

____ Brigance Diagnostic Inventory

____ Information from the teacher (student work samples, teacher-made tests, observation)

____ Other: _____

RESULTS AND INTERPRETATIONS

+ Strengths +

- Weaknesses -

I. Language

____ Picture vocabulary
____ Vocabulary (word knowledge)
____ Antonyms/Synonyms
____ Analogies
____ Grammar
____ Syntax
____ Articulation
____ Fluency
____ Listening comprehension
____ Follows oral directions
____ Other _____

____ Picture vocabulary
____ Vocabulary (word knowledge)
____ Antonyms/Synonyms
____ Analogies
____ Grammar
____ Syntax
____ Articulation
____ Fluency
____ Listening comprehension
____ Follows oral directions
____ Other _____

II. Reading

____ Letter identification
____ Basic sight vocabulary
____ Word identification (____ grade level)
____ Oral reading (fluent)
____ Phonetic analysis
____ Syllabication concepts
____ Reading comprehension
____ Reference skills
____ Other _____

____ Letter identification
____ Basic sight vocabulary
____ Word identification (____ grade level)
____ Oral reading (fluent)
____ Phonetic analysis
____ Syllabication concepts
____ Reading comprehension
____ Reference skills
____ Other _____

III. Written Language

____ Writes manuscript/cursive letters
____ Quality of handwriting
____ Spelling (____ grade level)
____ Sentence writing (____ grade level)
____ Capitalization
____ Punctuation
____ Grammatical usage
____ Other _____

____ Writes manuscript/cursive letters
____ Quality of handwriting
____ Spelling (____ grade level)
____ Sentence writing (____ grade level)
____ Capitalization
____ Punctuation
____ Grammatical usage
____ Other _____

+ Strengths +

- Weaknesses -

IV. Math

- ___ Recognizes numbers
- ___ Writes numbers
- ___ Addition of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- ___ Subtraction of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- ___ Multiplication of whole numbers (___ facts, ___ without carrying, ___ with carrying)
- ___ Division of whole numbers (___ facts, ___ digits by ___ digits)
- ___ Word problems (___ 1 ___ 2 ___ 3 steps)
- ___ Addition of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- ___ Subtraction of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- ___ Multiplication of fractions & mixed numbers
- ___ Division of fractions & mixed numbers
- ___ Decimals (___ addition, ___ subtraction, ___ multiplication, ___ division)
- ___ Percents
- ___ Measurement
- ___ Money (___ adds coins, ___ makes change)
- ___ Time (___ tells time by hour, ___ schedules events by time)
- ___ Other _____

- ___ Recognizes numbers
- ___ Writes numbers
- ___ Addition of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- ___ Subtraction of whole numbers (___ facts, ___ without renaming, ___ with renaming)
- ___ Multiplication of whole numbers (___ facts, ___ without carrying, ___ with carrying)
- ___ Division of whole numbers (___ facts, ___ digits by ___ digits)
- ___ Word problems (___ 1 ___ 2 ___ 3 steps)
- ___ Addition of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- ___ Subtractions of fractions & mixed numbers (___ like denominators, ___ unlike denominators)
- ___ Multiplication of fractions & mixed numbers
- ___ Division of fractions & mixed numbers
- ___ Decimals (___ addition, ___ subtraction, ___ multiplication, ___ division)
- ___ Percent
- ___ Measurement
- ___ Money (___ adds coins, ___ makes change)
- ___ Time (___ tells time by hour, ___ schedules events by time)
- ___ Other _____

V. Behavioral

- ___ Works cooperatively with peers
- ___ Compliant with teacher requests
- ___ Accepts responsibility
- ___ Exhibits positive attitude
- ___ Takes pride in good work
- ___ Initiates activities independently
- ___ Does not seem to be easily distracted
- ___ Pays attention well
- ___ Completes assignments
- ___ Exhibits good organizational skills
- ___ Retains instruction
- ___ Other _____

- ___ Does not work cooperatively with peers
- ___ Noncompliant with teacher requests
- ___ Does not accept responsibility
- ___ Exhibits negative attitude
- ___ Does not seem to care about quality of work
- ___ Does not initiate activities independently
- ___ Easily distracted
- ___ Difficulty paying attention
- ___ Does not complete assignments
- ___ Difficulty with organizational skills
- ___ Difficulty retaining instruction
- ___ Other _____

VI. Physical

- ___ Vision within normal limits (___ with glasses, ___ without glasses)
- ___ Hearing within normal limits (___ with hearing aid, ___ without hearing aid)
- ___ No health problems indicated
- ___ Exhibits adequate perceptual skills
- ___ Exhibits adequate gross motor skills
- ___ Exhibits adequate fine motor skills
- ___ Exhibits adequate psycho-motor speed
- ___ Other _____

- ___ Visual impairment (___ with glasses, ___ without glasses)
- ___ Hearing impairment (___ with hearing aid, ___ without hearing aid)
- ___ Health problems indicated: _____
- ___ Exhibits difficulty with perceptual skills
- ___ Exhibits difficulty with gross motor skills
- ___ Exhibits difficulty with fine motor skills
- ___ Exhibits difficulty with psycho-motor speed
- ___ Other _____

VII. Recommendations for modifications of instructional content, setting, methods, or materials in regular education classes and compensatory education that are necessary for this student to achieve and maintain satisfactory progress include:

- Modifications not needed
- Appears to understand best when information is presented orally, in written form, orally and in written form together (while handling the material or looking at a meaningful visual format)
- Provide preferential seating (near teacher to help focus attention, near chalkboard, study carrel)
- Teach concepts and rules in context, rather than rote facts in isolation
- Use visual aids (films, pictures, maps, illustrated texts, etc...) to aid memory
- Repetition may be needed to ensure recall
- Require student to report instructions/directions orally to ensure that he/she has a clear understanding of what is expected
- Appears to learn best by experience (learns by doing)
- Adjust assignment length (shorten the task) or allow more time to complete assignments
- Divide assignment into parts; give one part at a time
- Provide taped textbooks, worksheets, library books, etc...
- Provide highlighted textbooks, worksheets, library books, etc...
- Read written material to student
- Provide a study sheet or summary of important facts
- Provide vocabulary files
- Provide laminated materials for student to handle, label, etc...
- Type handwritten teacher materials
- Duplicated worksheets should be neat, well-organized, and legible; adapt worksheets and/or packets so that the amount of work on each page is appropriate for the student (i.e., do not crowd too much narrative or too many arithmetic problems on the page)
- Use supplementary materials
- Use materials geared to ability level (below grade level placement)
- When an assignment for the class conflicts with the capabilities of this student, provide an alternative assignment
- Read test directions and questions to student
- Allow student to tape and/or dictate his/her answers to test questions
- Encourage student to use content mastery services as needed
- Appears in need of assistive technology devices and services
- Other _____
- Other _____

VIII. Recommendations for modifications of instructional content, setting, methods, or materials in the special education program that are necessary for this student to achieve and maintain satisfactory progress include:

- Apply above recommendations as appropriate
- Provide as much individualized instruction as possible in areas of deficiency
- Provide content mastery services as needed
- Counseling may be indicated _____
- Emphasis appears to be needed on functional academic skills, daily living skills, social skills, and vocational preparation
- Appears in need of assistive technology and services
- Other _____
- Other _____

IX. Other recommendations

The district's mastery criteria for the T.E.K.S. may not be appropriate for this student in the following areas due to the handicapping condition:

- | | | |
|--|--------------------------------------|--|
| <input type="checkbox"/> English/Language Arts | <input type="checkbox"/> Math | <input type="checkbox"/> Computer Literacy |
| <input type="checkbox"/> Social Studies | <input type="checkbox"/> Voc. Educ. | <input type="checkbox"/> Health |
| <input type="checkbox"/> Physical Education | <input type="checkbox"/> Science | <input type="checkbox"/> Fine Arts |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

The district's grading criteria may be appropriate

The student may need to be graded according to functional level

The student should be allowed to participate in extracurricular activities as follows:

- Student should maintain same mastery level as required by regular program
- Student should satisfactorily meet the goals and objectives as outlined in the IEP

Functional implications for the educational programs should include: _____

X. Recommended goals and objectives for the IEP are attached. Yes No

Signature _____

Position _____

Date _____

ROBERTSON COUNTY SPECIAL SERVICES
Classroom Observation

Student Name _____ Student ID _____
Age _____ Date of Birth _____ Gender _____ Academic Year _____
Current Campus _____ Grade _____ Observer _____
Date _____ Location of Observation _____ Length of Observation _____

Type(s) of Activities Observed (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Individual Seatwork | <input type="checkbox"/> Small Group | <input type="checkbox"/> Large Group |
| <input type="checkbox"/> Direct Teacher | <input type="checkbox"/> One-to-One Instruction | <input type="checkbox"/> Unstructured Activity |

Does the student take medication for behavior?

- No Yes, on medication during observation Yes, not on medication during observation

Does the student have glasses?

- No Yes, worn during observation Yes, not worn during observation

Does the student have hearing aids?

- No Yes, worn during observation Yes, not worn during observation

Motor abilities:

- Average fine motor skills Average gross motor skills Concerns noted: _____

Psychological/emotional behaviors (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Displayed normal organized activity patterns | <input type="checkbox"/> Displayed emotions appropriate to situation |
| <input type="checkbox"/> Behaviors appear age appropriate in classroom | <input type="checkbox"/> Behaviors appear age appropriate on playground |
| <input type="checkbox"/> Positive interactions with classmates | <input type="checkbox"/> Relates to adults in the school settings |
| <input type="checkbox"/> Appears to prefer individual activities | <input type="checkbox"/> Engages in attention-seeking behaviors |

Communication (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Displayed average receptive language | <input type="checkbox"/> Displayed average expressive language |
| <input type="checkbox"/> Appears to talk a normal amount | <input type="checkbox"/> Uses appropriate volume |
| <input type="checkbox"/> Speaks very softly | <input type="checkbox"/> Speaks loudly |
| <input type="checkbox"/> Dysfluent speech noted | <input type="checkbox"/> Misarticulations noted |

Academic behaviors (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Good pacing | <input type="checkbox"/> Engages quickly in assigned tasks |
| <input type="checkbox"/> Stays on task for appropriate length of time | <input type="checkbox"/> Completes activities with normal effort |
| <input type="checkbox"/> Easily distracted | <input type="checkbox"/> Task avoidance observed |

Observed behaviors (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Attentive, sustained alertness | <input type="checkbox"/> Inattentive, difficulty maintaining effort | <input type="checkbox"/> Lethargic |
| <input type="checkbox"/> Overly active | <input type="checkbox"/> Appropriate activity level | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Able to wait turn | <input type="checkbox"/> Followed instructions | <input type="checkbox"/> Cooperative |
| <input type="checkbox"/> Uncooperative | <input type="checkbox"/> Talked back to teacher | <input type="checkbox"/> Argumentative |
| <input type="checkbox"/> Anxiousness | <input type="checkbox"/> Withdrawn | <input type="checkbox"/> Engaged socially |
| <input type="checkbox"/> Verbally aggressive | <input type="checkbox"/> Physically aggressive | |

According to the teacher, the student displayed typical behavior. Yes No

Comments about the area of concern with examples:

Signature

Date

Robertson County Special Services
 Consideration for Assistive Technology (CAT)

Student: _____

ID Number: _____

I. <u>Is the student able to function independently in this area?</u>	Yes If all areas are Yes, go to Part III	No Go to Part II	II. <u>Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?</u>	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
Mobility (Move about on the campus)			<input type="checkbox"/> Walker <input type="checkbox"/> Grab rails <input type="checkbox"/> Wheelchair-manual/powered <input type="checkbox"/> Assistance from aide/peers <input type="checkbox"/> Other:	E: T:
Positioning (Maintain a stable position while participating in various activities)			<input type="checkbox"/> Non-slip surface on chair <input type="checkbox"/> Foot rest modifications <input type="checkbox"/> Adapted chair/wheelchair <input type="checkbox"/> Alternate positioning-side-lyer/stander <input type="checkbox"/> Other:	E: T:
Activities of daily living (Manage routine self-care and daily living activities required at school)			<input type="checkbox"/> Adapted eating utensils <input type="checkbox"/> Adapted drinking devices <input type="checkbox"/> Adapted dressing equipment <input type="checkbox"/> Assistance from aides/peers <input type="checkbox"/> Other:	E: T:
Communication (Communicate needs/wants in a variety of school settings)			<input type="checkbox"/> Communication board/book <input type="checkbox"/> Voice output Communication Aide <input type="checkbox"/> Eye gaze board <input type="checkbox"/> Speech Generating Device <input type="checkbox"/> Other:	E: T:
Hearing (Process verbal instructions in a variety of school settings)			<input type="checkbox"/> Hearing aid <input type="checkbox"/> FM system <input type="checkbox"/> Personal/Classroom amplification system <input type="checkbox"/> Signaling device <input type="checkbox"/> Computer/portable word processor <input type="checkbox"/> Closed captioning or TDD/TTY for phone <input type="checkbox"/> Interpreter <input type="checkbox"/> Other:	E: T:
Vision (Process visual stimuli in a variety of school settings)			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Eye glasses <input type="checkbox"/> Magnifier <input type="checkbox"/> Large print books <input type="checkbox"/> CCTV <input type="checkbox"/> Braille accessories <input type="checkbox"/> Screen magnifier/color contrast/reader <input type="checkbox"/> Alternate keyboard <input type="checkbox"/> Other:	E: T:

Student:

I. <u>Is the student able to function independently in this area?</u>	Yes If all areas are Yes, go to Part III	No Go to Part II	II. <u>Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?</u>	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
Environmental Control (Exercise control over the environment)			<input type="checkbox"/> Proximity to teacher <input type="checkbox"/> Reduce noise level <input type="checkbox"/> Alternate lighting <input type="checkbox"/> Use of electronic control unit/switch <input type="checkbox"/> Remote control appliances <input type="checkbox"/> Other:	E: T:
Mechanics of Writing (Produce legible written work)			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Adaptive grip for pencil/pen <input type="checkbox"/> Adapted paper <input type="checkbox"/> Slant board <input type="checkbox"/> Portable word processor <input type="checkbox"/> Computer <input type="checkbox"/> Other:	E: T:
Computer Access			<input type="checkbox"/> Keyboard using accessibility options <input type="checkbox"/> Alternate keyboard <input type="checkbox"/> Alternate mouse e.g. rollerball/headmouse <input type="checkbox"/> Switch/scanning/On-screen keyboard <input type="checkbox"/> Headpointer/Mouthstick <input type="checkbox"/> Keyguard <input type="checkbox"/> Arm support <input type="checkbox"/> Voice recognition software <input type="checkbox"/> Word prediction software <input type="checkbox"/> Other:	E: T:
Academics A. Compose written material			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Concept Mapping/outlining software <input type="checkbox"/> Word cards/book <input type="checkbox"/> Pocket dictionary/thesaurus <input type="checkbox"/> Electronic/talking dictionary <input type="checkbox"/> Word Processor w/spell/grammar check <input type="checkbox"/> Word prediction <input type="checkbox"/> Talking word processor <input type="checkbox"/> Multimedia software <input type="checkbox"/> Voice recognition software <input type="checkbox"/> Other:	E: T:
B. Read			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Changes in text size/spacing/color <input type="checkbox"/> Background color <input type="checkbox"/> Use of pictures w/text <input type="checkbox"/> Book adapted for page turning <input type="checkbox"/> Electronic/talking dictionary <input type="checkbox"/> Scanner <input type="checkbox"/> Electronic books <input type="checkbox"/> Text-to-speech software for web/electronic text <input type="checkbox"/> Concept Mapping/outlining software <input type="checkbox"/> Other:	E: T:

Student:

I. <u>Is the student able to function independently in this area?</u>	Yes Yes If all areas are Yes, go to Part III	No Go to Part II	II. <u>Is the student able to complete task at his/her ability with any special strategies, accommodations or technology already being used?</u>	
			If Yes, check or list accommodations/technology currently used below.	If no, list the environment (E) and task (T) with which the student needs assistance. When completed, go to Part III
C. Study			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Print or picture schedule <input type="checkbox"/> Aides to find/organize materials <input type="checkbox"/> Highlight text <input type="checkbox"/> Software for manipulation of objects/concept <input type="checkbox"/> Software for organization of ideas <input type="checkbox"/> Recorded materials <input type="checkbox"/> Other:	E: T:
D. Perform mathematical calculations			<input type="checkbox"/> Accessible Instructional Materials (AIM) <input type="checkbox"/> Abacus/math line <input type="checkbox"/> Calculator-talking/large keys/On-screen <input type="checkbox"/> Software with cueing for math calculations <input type="checkbox"/> Tactile/voice output measuring devices <input type="checkbox"/> Electronic math/concept manipulatives <input type="checkbox"/> Other:	E: T:
Recreation/Leisure (Participate in recreational/leisure activities)			<input type="checkbox"/> Adapt toys/games/battery interrupter/switch <input type="checkbox"/> Adapted sporting equipment <input type="checkbox"/> Universal cuff <input type="checkbox"/> Modified utensils <input type="checkbox"/> Arm support <input type="checkbox"/> Software-drawing/games/music <input type="checkbox"/> Other:	E: T:

III. **Select one of the following and proceed as described:**

- AT is required. The IEP team knows the nature and extent of the AT devices/services needed and will address AT in the student's IEP.
- AT may be required. The IEP team determines that additional information is needed and will conduct additional AT assessment/evaluation.
- AT is not required at this time as the student is able to function independently in all areas.

Additional comments/concerns:

Signature & Title of Person Completing Form

Date